

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>	Y	905	1/64/01
<b>RESPONSE FORMALITY REVIEW</b>			

**INDEX OF CLAIMS**

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 — ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	8/22/00
2	✓	✓	12/17/02
3	✓	✓	1/9/02
4	✓	✓	10/18/02
5	✓	✓	1/22/02
6	✓	✓	1/22/02
7	✓	✓	1/22/02
8	✓	✓	1/22/02
9	✓	✓	1/22/02
10	✓	✓	1/22/02
11	✓	✓	1/22/02
12	✓	✓	1/22/02
13	✓	✓	1/22/02
14	✓	✓	1/22/02
15	✓	✓	1/22/02
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If more than 150 claims or 10 actions  
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